

Department of the Treasury—Internal Revenue Service Amended U.S. Individual Income Tax Return

OMB No. 1545-0091

(Re	/. October 1	984)							
Th	is returi	n is for calendar year 🕨	19 , OR fiscal year	r ended	>				, 19 .
Please print or type	Your first name and initial (if joint return, also give spouse's name and initial) Last name						Your social security number		
	Present home address (Number and street, including apartment number, or rural route)						Spouse's social security number		
	City, town or post office, State, and ZIP code						Telephone no. (optional)		
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retu	rns. (Note:	You cannot change from joint to separa	urn (if same as above, write ''Same''). It te returns after the due date has passed	.)		-			
a.	Service center where original return b. Has original return for the year being changed been audited? If "No," have you been notified that it will be? Yes If "Yes," identify IRS office								
С.	Filing status claimed. (Note: You cannot change from joint to separate returns after the due date has passed.)								
	On original return . Single Married filing joint return Married filing separate return Head of Household Qualifying Widow(er)								
_	On this re	eturn 🕨 🗌 Single 🗌 Mai	rried filing joint return 🔲 Married	filing sepa	rate retur	n 📋 He	ad of Househ	old 🗌	Qualifying Widow(er)
	Income and Deductions				reported or as		B. Net of Increase (Decrease on pa	se or e)-explain	C. Correct amount
1	Total in	come (see instructions)							
2	,								
3	Deductions (see instructions)								
4									
5									
6 7									
<u> </u>	Тахаріс	Tax Lial			w				
8	Tay (se			,					
9			nstructions) (method used in column C) ee instructions)						
10									
11	Other taxes (such as self-employment tax, alternative minimum tax)								
<u>12</u>	Total tax liability (add line 10 and line 11)								
		Payme							
			ss FICA and RRTA tax withheld	٠ إ					
		ed tax payments		-					
	Earned income credit								
16	Credits for Federal tax on gasoline and special fuels, regulated investment company, etc.								
17	•	• •	2688 (application for extension	n of time 1	o file)				
		•	additional tax paid after it was		•				
		lines 13 through 18, column C						<u> </u>	
	Refund or Amount You Owe								
20	Overpayment, if any, as shown on original return (or as previously adjusted by IRS)								
	Subtract line 20 from line 19 (see instructions)								
	2 AMOUNT YOU OWE. If line 12, column C, is more than line 21, enter difference. Please pay in full with this return . 3 REFUND to be received. If line 12, column C, is less than line 21, enter difference							urn .	
<u>23</u>	REFUN	Under penalties of periury, I declare	that I have filed an original return and	<u>er differe</u> that I have e	nce . examined t	his amend	ded return, incli	 uding accon	panying schedules and
Ple	ase In	statements, and to the best of my knowledge and belief this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is bas on all information of which the preparer has any knowledge.							r than taxpayer) is based
Here		Your signature	Date		—)	Spouse's	signature (if fili	ng jointly, B	OTH must sign)
		Preparer's	Date					r's social security no.	
Paid Preparer's		signature				Check i self-em	ployed		
	Only	Firm's name (or yours, if self-employed)	-			<u> </u>	E.I. No.		
		and address					ZIP code		